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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

10/005,241

Filing Date

December 4, 2001

First Named Inventor

SUTARIA

Group Art Unit

1732

Examiner Name

Unassigned

Total Number of Pages in This Submission

Attorney Docket Number

003248.00039

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APR 05 2002  
TC 1700

### ENCLOSURES (check all that apply)

Fee Transmittal Form

Fee Attached

Amendment / Response

After Final

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/Incomplete Application

Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers  
(for an Application)

Drawing(s)

Licensing-related Papers

Petition

Petition to Convert to a Provisional Application

Power of Attorney, Revocation Change of Correspondence Address

Terminal Disclaimer

Request for Refund

CD, Number of CD(s) \_\_\_\_\_

#### Remarks

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Express Mail No. EV 075513366US

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

Julie B. Ackerman  
Banner & Witcoff, Ltd.

Signature

Date

March 28, 2002

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: \_\_\_\_\_

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**OFFICE  
FEE TRANSMITTAL  
for FY 2002**

MAR 28 2002

Patent fees are subject to annual revision.

Application claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	40
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**Complete if Known**

Application Number	10/005,241
Filing Date	December 4, 2001
First Named Inventor	SUTARIA, Manish P., et al.
Examiner Name	Unassigned
Group / Art Unit	1732
Attorney Docket No.	003248.00039

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**TC-1700**

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:									
Deposit Account Number		19-0733							
Deposit Account Name		Banner & Witcoff, Ltd.							
<b>The Commissioner is authorized to: (check all that apply)</b>									
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.									
<b>FEE CALCULATION</b>									
<b>1. BASIC FILING FEE</b>									
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description		Fee Paid			
101	740	201	370	Utility filing fee					
106	330	206	165	Design filing fee					
107	510	207	255	Plant filing fee					
108	740	208	370	Reissue filing fee					
114	160	214	80	Provisional filing fee					
SUBTOTAL (1)					(\$ 0)				
<b>2. EXTRA CLAIM FEES</b>									
Total Claims	-	**	=	0	X	_____	=	0	
Independent Claims	-	**	=	0	X	_____	=	0	
Multiple Dependent	X					_____	=	0	
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description		Fee Paid			
103	18	203	9	Claims in excess of 20					
102	84	202	42	Independent claims in excess of 3					
104	280	204	140	Multiple dependent claim, if not paid					
109	84	209	42	** Reissue independent claims over original patent					
110	18	210	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)					(\$ 0)				
*Reduced by Basic Filing Fee Paid      SUBTOTAL (3)      (\$ 40)									
Other fee (specify) _____									

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Julie B. Ackerman	Registration No. Attorney/Agent)	50,867	Telephone	312-715-1000	
Signature	<i>Julie B. Ackerman</i>			Date	March 28, 2002	

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